PARCEL PROCESSED BY

TEMPORARY FILE COPY

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES	BUILDING AND SAFETY
FOR APPLICANT TO FILL IN	BUILDING ADDRESS
BUILDING ADDRESS	LOCALITY
CITY ZIP ZIP	NEAREST CROSS ST.
NO. OF BLDGS. SIZE OF LOT NOW ON LOT	ASSESSOR MAP BOOK PAGE
TRACT BLOCK LOT NO.	DISTRICT GROUP TYPE FIRE CONST. ZONE
OWNER HALL HALL TELL NO. 100 100 100 100 100 100 100 100 100 10	7 X-3 I 11
ADDRESS	STATISTICAL CLASSIFICATION CLASS NO. DWELL. UNITS
CITY AM ZIP GOOST	
ARCHITECT OR TEL. ENGINEER NO.	VALUATION \$ / Vacanta
ADDRESS	BLDG, SETBACK FROM FRONT PROP. LINE OF
CONTRACTOR TANAMAN HAVE NOS 78/6/0	TOTAL SETBACK FROM
ADDRESS 257 N HOLLER 7 SON NO. 239024	HIGHWAY + TARD - FRONT PROP. LINE
CITY SEV. AILLS CH CLASS P.	BLDG, SETBACK FROM
CONSTRUCTION LENDER NAME AND BRANCH	SIDE PROP. LINE OF TOTAL SETBACK FRO/
ADDRESS CITY SQ. FT NO. OF NO. OF CHECK	SIDE PROP. LINE
SIZE STORIES FAMILIES ONE	- 4/ - 4
DESCRIPTION OF WORK	P.C. Fee \$ Permit Fee
ADD ALTER E	Issuance Fee
REPAIR	Total Fee J
USE OF EXISTING BLDG	Wice no 8
APPLICANT OF HALLERIN TEL NO 78/650	CHECK VALIDATION
BY (SIGNATURE)	VALI
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES	B
AND LAWS REGULATING BUILDING CONSTRUCTION I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN S COM-	5
PENSATION INSURANCE.	PLAN
SIGNATURE OF PERMITTEE	
ADDRESS 2371174141 John Miles	ZI
CITY BOUGHE / Hills TEL. NO.	ATIO
USE ZONE MAP NO.	PERMIT VALIDATIO
SPECIAL CONDITIONS	AT V
FINAL	- OFFILE T S
DATE	

(STREET) TYPE OF EXISTING HIGHWAY WIDTH (STREET) TYPE OF EXISTING HIGHWAY WIDTH